

Department of Early Education and Care
INTER-AGENCY RESTRAINT COORDINATION GROUP

GUIDELINES FOR RESTRAINT CURRICULA

The EEC residential regulations include specific requirements for restraint training. New employees of a program which used physical restraint must receive a minimum of sixteen (16) hours of restraint training, addressing topics specified in the regulation. Sixteen hours of restraint training is interpreted to mean that staff must attend a minimum of two full working days, according to how the licensee describes a full “working day”. If a certifying body exists for the particular restraint method utilized, such certification must be kept current according to the requirements of the certifying body. The following guidelines are designed to assist programs in developing curricula for restraint training which will meet the proposed regulatory requirements:

Curricula for physical restraint training must include the following:

1. Information addressing the content areas specified below;
2. An opportunity to role play and practice those techniques marked * below; **programs should request staff to experience the actual physical restraint during training.**
3. A post-test to determine the employee’s level of understanding and ability to effectively implement physical restraint as trained.

1. POPULATION

- a. Needs/behaviors of population served by the program and licensee
- b. Basic physiology of children and adolescents, impact of restraint, positional asphyxia
- c. Special medical, psychological and educational needs of the population
- d. Building appropriate relationships between staff and residents/staff as role models
- e. Information required at pre-placement and intake relative to physical restraint

2. LEGAL ISSUES

- a. Custody – physical and legal
- b. Voluntary status
- c. 766 placements
- d. Duty to protect
- e. Standards of care and related liability issues

3. BEHAVIOR MANAGEMENT POLICIES

- a. Milieu, daily programming, structure
- b. Responses to misbehavior (points, levels, supportive interventions, re-direction, etc)
- c. Prevention/alternatives to physical restraint*
- d. De-escalation and avoiding power struggles*
- e. Thresholds for restraints – “demonstrable danger”, time limits, re-authorization*

4. PHYSICAL METHODS

- a. Escape/evasion*
- b. Escort holds*
- c. Physical restraint holds – standing, seated restraints, takedowns, floor restraints*
- d. Monitoring the resident during physical restraint – release upon first sign of distress;
Obtaining medical assistance*
- e. Prohibited practices*
- f. Release from restraint*
- g. Processing with the resident*
- h. Program's follow-up procedures

5. DOCUMENT/INVESTIGATION

- a. Physical restraint incident reports – documenting special medical/psychiatric concerns
- b. Complaints and injuries
- c. Medical follow-up
- d. Internal investigations